

**Candidate Intention**

Type or Print in Ink.

**CANDIDATE INTENTION**

Check One:  Initial  Amendment  Termination

**CALIFORNIA 1998 FORM 501**

<b>I Candidate Information</b>				Office Use Only
FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)				
ADDRESS (NO. AND STREET)		DAYTIME PHONE		
CITY	STATE	ZIP CODE	FAX NUMBER	
MARZOLE, HARRY L.				
445 MADRONE COURT		(209) 333-7682		
Lodi	CA	95242	(209) 333-7100	

<b>II Office Sought</b>			
OFFICE SOUGHT (POSITION TITLE)	DISTRICT NUMBER	PARTY (If Applicable)	YEAR OF ELECTION
MEMBER CITY COUNCIL			1998
PUBLIC AGENCY NAME		TYPE OF ELECTION (Check One if Applicable) <input type="checkbox"/> Special <input type="checkbox"/> Recall	
JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)			
<input type="checkbox"/> State		<input type="checkbox"/> County of _____	
<input type="checkbox"/> Multi-County		<input checked="" type="checkbox"/> City of <u>Lodi</u>	

**III Verification**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 21, 1998 By [Signature]

SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 501 (2/98)  
For Technical Assistance: 916/322-5660

**Campaign Bank Account**

Type or Print in Ink.

**CAMPAIGN BANK ACCT.**

Check One:  Initial  Redesignate the Account for Future Election to the Same Office  
 Amendment  Termination (Note: In addition, file a Form 501 if you are no longer soliciting or receiving contributions.)

**CALIFORNIA 1998 FORM 502**

<b>I Candidate Information</b>				Office Use Only
FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)				
ADDRESS (NO. AND STREET)		DAYTIME PHONE		
CITY	STATE	ZIP CODE	FAX NUMBER	
MARZOLE, HARRY L.				
445 MADRONE COURT		(209) 333-7682		
Lodi	CA	95242	(209) 333-7100	1998
OFFICE SOUGHT AND AGENCY NAME			TYPE OF ELECTION (Check One if Applicable) <input type="checkbox"/> Special <input type="checkbox"/> Recall	
MEMBER CITY COUNCIL - CITY OF LODI				

<b>II Account Information</b>			
FINANCIAL INSTITUTION			ACCOUNT NUMBER
ADDRESS (NO. AND STREET)			DATE OPENED (Month/Day/Year)
CITY		STATE	ZIP CODE
FARMER AND MERCHANTS BANK			10167228
121 W. PINE ST		(209) 934-1101	
Lodi	CA	95240	8 / 3 / 98

**III Verification**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 5, 1998 By [Signature]

SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 502 (2/98)  
For Technical Assistance: 916/322-5660  
h:\campaign\forms\501-502'98

orig. mailed on 8/6/98